
State:	Arkansas	Filing Company:	Reserve National Insurance Company
TOI/Sub-TOI:	L07I Individual Life - Whole/L07I.101 Fixed/Indeterminate Premium - Single Life		
Product Name:	Whole Life Filing		
Project Name/Number:	RESERVE/62/62		

Filing at a Glance

Company:	Reserve National Insurance Company
Product Name:	Whole Life Filing
State:	Arkansas
TOI:	L07I Individual Life - Whole
Sub-TOI:	L07I.101 Fixed/Indeterminate Premium - Single Life
Filing Type:	Form
Date Submitted:	03/07/2012
SERFF Tr Num:	FRCS-128132288
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	5627
Implementation	On Approval
Date Requested:	
Author(s):	Exselsa Cartwright, Michael Cochran
Reviewer(s):	Linda Bird (primary)
Disposition Date:	08/03/2012
Disposition Status:	Approved-Closed
Implementation Date:	

State Filing Description:

State: Arkansas
TOI/Sub-TOI: L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: Whole Life Filing
Project Name/Number: RESERVE/62/62
Filing Company: Reserve National Insurance Company

General Information

Project Name: RESERVE/62

Project Number: 62

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Exselsa Cartwright

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Is being submitted on this same date.

Market Type: Individual

Individual Market Type:

Filing Status Changed: 08/03/2012

State Status Changed: 03/12/2012

Created By: Michael Cochran

Corresponding Filing Tracking Number:

Filing Description:

We have been retained by Reserve National Insurance Company to file the enclosed forms for approval in your state.

Our fee of \$350 has been sent by EFT on this same date.

This product will not be marketed with a sales illustration.

The Company offers their assurances that the Complaint Notice required by Section 23-79-138 and the Guaranty Association notice required by Regulation 49 will be provided.

Policy WL-1 is an individual whole life insurance policy with level premiums and death benefit. Premiums are payable until age 121, the Maturity Date, at which time the policy pays a Maturity Benefit equal to the net cash value.

The following two riders are enclosed in this filing and will be made available with the policy. Form AB-TI-1 is an accelerated benefit rider which allows for advance payment of the death benefit if the insured is diagnosed with a terminal illness, as described in the rider. This rider will be automatically included with the policy with no premium charged. Form AB-CI-1 is an accelerated benefit rider which allows for advance payment of the death benefit if the insured is certified as having a chronic illness. There is a separate premium for this rider. It will be offered only to persons electing it on the application and will be subject to underwriting. Disclosure form TI-ADB-Disc will be provided to the applicant at the time the life application is completed. Disclosure form CI-ADB-Disc will be provided as well if the applicant indicates he or she is applying for the chronic illness accelerated benefit rider. Notice form ADB-Not will be provided when a policyowner submits a request to accelerate the death benefit.

Application form APP-LIFE-1 AR will be used to apply for this policy and for policy form TL-1 which is being filed separately on or about this same date.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

If you have any questions or need additional information, please call toll-free 1-800-927-2730. Thank you for your assistance.

Company and Contact

State: Arkansas
TOI/Sub-TOI: L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: Whole Life Filing
Project Name/Number: RESERVE/62/62
Filing Company: Reserve National Insurance Company

Filing Contact Information

Exselsa Cartwright, Senior Compliance Specialist
1020 Central Suite 201
Kansas City, MO 64105
exselsa.cartwright@firstconsulting.com
800-927-2730 [Phone] 2757 [Ext]
816-391-2755 [FAX]

Filing Company Information

(This filing was made by a third party - FC01)

Reserve National Insurance Company
601 East Britton Road
Oklahoma City, OK 73114
(405) 848-7931 ext. [Phone]
CoCode: 68462
Group Code:
Group Name: Unitrin, Inc
FEIN Number: 73-0661453
State of Domicile: Oklahoma
Company Type:
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$350.00
Retaliatory? No
Fee Explanation: \$50.00 per form x 7 forms = \$350
Per Company: No

Company	Amount	Date Processed	Transaction #
Reserve National Insurance Company	\$350.00	03/07/2012	56944353

State:	Arkansas	Filing Company:	Reserve National Insurance Company
TOI/Sub-TOI:	L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life		
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/03/2012	08/03/2012
Approved-Closed	Linda Bird	03/12/2012	03/12/2012

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Individual Life Application	Exselsa Cartwright	07/27/2012	08/03/2012

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Request to re-open filing	Note To Filer	Linda Bird	07/27/2012	07/27/2012

SERFF Tracking #:

FRCS-128132288

State Tracking #:

Company Tracking #:

5627

State: Arkansas

Filing Company:

Reserve National Insurance Company

TOI/Sub-TOI: L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: Whole Life Filing

Project Name/Number: RESERVE/62/62

Disposition

Disposition Date: 08/03/2012

Implementation Date:

Status: Approved-Closed

Comment: Correction made to the application of the original submission.

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Authorization		Yes
Supporting Document	Certificate of Compliance		Yes
Form	Individual Whole Life Insurance Policy		Yes
Form (revised)	Individual Life Application		Yes
Form	Individual Life Application	Replaced	Yes
Form	Accelerated Benefit Rider (Chronic Illness)		Yes
Form	Accelerated Benefit Rider (Terminal Illness)		Yes
Form	Accelerated Benefit Terminal Illness Disclosure		Yes
Form	Accelerated Benefit Chronic Illness Disclosure		Yes
Form	Accelerated Benefit Payment Notice		Yes

State:	Arkansas	Filing Company:	Reserve National Insurance Company
TOI/Sub-TOI:	L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life		
Product Name:	Whole Life Filing		
Project Name/Number:	RESERVE/62/62		

Disposition

Disposition Date: 03/12/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Authorization		Yes
Supporting Document	Certificate of Compliance		Yes
Form	Individual Whole Life Insurance Policy		Yes
Form (revised)	Individual Life Application		Yes
Form	Individual Life Application	Replaced	Yes
Form	Accelerated Benefit Rider (Chronic Illness)		Yes
Form	Accelerated Benefit Rider (Terminal Illness)		Yes
Form	Accelerated Benefit Terminal Illness Disclosure		Yes
Form	Accelerated Benefit Chronic Illness Disclosure		Yes
Form	Accelerated Benefit Payment Notice		Yes

State:	Arkansas	Filing Company:	Reserve National Insurance Company
TOI/Sub-TOI:	L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life		
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Amendment Letter

Submitted Date: 08/03/2012

Comments:

Subsequent to approval but prior to use, the Company noted that the tobacco use question was omitted. This has been added (question 6 on page 2). The questions that follow have been renumbered. No other changes have been made.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
APP-LIFE-1 AR	Application/Enrollment Form	Individual Life Application	Initial				41.400	APP-LIFE-1 AR (Rev 7-2012).pdf

State:	Arkansas	Filing Company:	Reserve National Insurance Company
TOI/Sub-TOI:	L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life		
Product Name:	Whole Life Filing		
Project Name/Number:	RESERVE/62/62		

Note To Filer

Created By:

Linda Bird on 07/27/2012 08:08 AM

Last Edited By:

Linda Bird

Submitted On:

07/27/2012 08:08 AM

Subject:

Request to re-open filing

Comments:

Filing has been re-opened in order for corrections to be made.

State:	Arkansas	Filing Company:	Reserve National Insurance Company
TOI/Sub-TOI:	L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life		
Product Name:	Whole Life Filing		
Project Name/Number:	RESERVE/62/62		

Form Schedule

Lead Form Number: WL-1							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		WL-1	POL	Individual Whole Life Insurance Policy	Initial:	55.300	WL-1 FINAL.pdf
2		APP-LIFE-1 AR	AEF	Individual Life Application	Initial:	41.400	APP-LIFE-1 AR (Rev 7-2012).pdf
3		AB-CI-1	POLA	Accelerated Benefit Rider (Chronic Illness)	Initial:	41.400	AB-CI-1 FINAL.pdf
4		AB-TI-1	POLA	Accelerated Benefit Rider (Terminal Illness)	Initial:	45.700	AB-TI-1 FINAL.pdf
5		TI-ADB-Disc	OTH	Accelerated Benefit Terminal Illness Disclosure	Initial:	40.300	TI-ADB-Disc FINAL.pdf
6		CI-ADB-Disc	OTH	Accelerated Benefit Chronic Illness Disclosure	Initial:	40.400	CI-ADB-Disc FINAL.pdf
7		ADB-Not	NOC	Accelerated Benefit Payment Notice	Initial:	45.000	ABD-Not FINAL.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate

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Project Name/Number:	RESERVE/62/62		

POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages
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Reserve National Insurance Company
[601 East Britton Road, Oklahoma City, OK 73114-7710]
[1-800-654-9106 www.reservenational.com]

In this policy "you", "your" and "yours" refer to the Owner of this policy and the "Company", "us", "we" and "our" refer to Reserve National Insurance Company.

INSURING AGREEMENT

WE WILL PAY the benefits provided in this policy, subject to the provisions on this and the following pages, all of which are part of this policy.

If the Insured named in the Insured Schedule on **Page 2** dies while this policy is in force, we will pay the Death Benefit to the beneficiary when we receive proof of the Insured's death.

In consideration of the payment of the premium in advance and in reliance upon the statements in your application, a copy of which is attached and which forms a part of this policy, we hereby insure the person named in the Insured Schedule, commencing at 12:01 A.M., Standard Time, at the place where you reside, on the Effective Date shown in the Insured Schedule.

NOTICE OF THIRTY DAY RIGHT TO EXAMINE POLICY


You are granted a period of thirty days from the date of delivery of this policy to examine it, and if not satisfied for any reason, this policy may be returned within said thirty days to us at our Home Office or to any agent of ours. Then we shall refund the premium paid, including any fees or charges, and the policy shall be void from its beginning, and you and the Company shall be in the same position as if it had never been issued.

IMPORTANT NOTICE

Please read the copy of the application attached to this policy. Omissions or misstatements in the application could cause an otherwise valid claim to be denied. Carefully check the application and write to the Company at [601 East Britton Road, Oklahoma City, Oklahoma 73114-7710], within 30 days, if any information shown on it is not correct and complete, or if any past medical history has been left out of the application. The application is part of the policy, which was issued on the basis that the answers to all questions and the information shown are correct and complete.

IN WITNESS WHEREOF, Reserve National Insurance Company has caused this Policy to be issued as of the effective date, and to be executed at its Home Office at [601 East Britton Road, in the City of Oklahoma City, Oklahoma].


Secretary


President

Whole Life Policy. Premium Payments During Life Of Insured. Insurance Payable At Death Of Insured.

Non-Participating

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INSURED SCHEDULE

Policy Number: [12345]

Effective Date: [January 1, 2012]

The Insured: [John Doe]

Age At Issue: [35]

Sex: [M]

The Owner: [John Doe]

**Initial Amount
of Insurance:** [\$50,000]

The Beneficiary: [Jane Doe]

Maturity Date: [January 1, 2098]

Contingent Beneficiary: [none]

Rating Class: [Standard, Non-Tobacco]

Additional Benefits:

[Accelerated Benefit Rider – Terminal Illness]

[Accelerated Benefit Rider – Chronic Illness]

Frequency And Amount Of Premiums:	Annual	Semi-Annual	Quarterly	Monthly	Monthly Bank Draft
	[\$637.00]	[\$335.82]	[\$169.64]	[\$57.70]	[\$53.08]

Premium Payable: [86 years]

Policy Fee: [\$50.00] annually

Jurisdiction of Issue: [Oklahoma]

GENERAL PROVISIONS

CONTRACT. This policy, the attached application and any riders and endorsements constitute the complete agreement between you and the Company. We have issued this policy in consideration of the information provided in the application and payment of the first premium. All of the statements in the application, in the absence of fraud, are considered representations and not warranties. This policy cannot be changed or any of its provisions waived except by a written agreement signed by our President or a Vice-President.

INCONTESTABILITY. This policy shall be incontestable after it has been in force, while the Insured is living, for two years after the Effective Date, except for nonpayment of premiums.

If this policy has been reinstated, it shall be contestable for two years from the date of reinstatement with respect to statements made in the application for reinstatement.

If this policy has been issued as a conversion policy from another policy issued by us, then the incontestable period is measured from the original policy's issue date.

POLICY DATES. Policy months, years and anniversaries are measured from the Effective Date shown on Page 2.

CLAIMS OF CREDITORS. Any amount payable to a beneficiary will be free from the claims of creditors to the extent allowed by law.

SUICIDE. If the Insured's death is caused by suicide within two years after the Effective Date of the policy, the amount payable because of such death shall be an amount equal to the premiums paid.

INCORRECT AGE OR SEX. If the age or sex of the Insured is not correct, any amount we pay will be adjusted to reflect the amount which total premiums would have purchased at the correct age and sex.

ASSIGNMENT. You may assign the policy as collateral security by filing a written notice of assignment with the Company. We assume no responsibility as to the validity or effect of any assignment. An assignment is effective on the date signed, unless otherwise specified by you, subject to any payment we made or action we took before receipt of the written notice of assignment. A collateral assignment is not a change of ownership and the assignee does not have ownership rights. However, your right to the cash value and the rights of any beneficiary to receive benefits will be subject to the interest of any assignee.

CONFORMITY WITH STATE STATUTES. This policy was approved under the authority of the state in which it is delivered. Any provision of the policy that on the provision's effective date is in conflict with state or federal law for this product type is hereby amended to conform to such law as of the provision's effective date.

PREMIUMS

PREMIUMS. The first premium is due on the Effective Date of this policy. Subsequent premiums are due and payable during the Insured's lifetime for the period specified on Page 2. The due date of each subsequent premium is the starting date of its premium interval.

Premiums after the first premium are payable at our Home Office or to an authorized agent in exchange for a receipt signed by our President or Secretary and countersigned by the person receiving the payment.

Premiums may be made payable at one-month, three-month, six-month or twelve-month intervals at our rates in effect on the Effective Date. A change in premium interval will take effect when we accept the premium for the new interval.

GRACE PERIOD. A grace period of thirty-one days will be allowed for the payment without interest of any premium after the first premium. During the grace period the policy will remain in force. However, if the Insured dies on a premium due date or during the grace period we will deduct any unpaid premium due from any payment we make.

If the premium is not paid by the end of the grace period, we will use the cash value to pay the premium if (i) there is enough net cash value to pay the premium due, and (ii) the Automatic Premium Loans provision is in effect. If there is not enough cash value or if the Automatic Premium Loans provision is not in effect we will apply the Nonforfeiture Provision. If there is no cash value the policy will cease to be in force effective on the due date of the unpaid premium.

You cannot pay an unpaid premium after the end of the grace period except as the Reinstatement provision or the Automatic Premium Loans provision may allow.

Any premium payment sent by U.S. mail must be postmarked before the expiration of the grace period.

REINSTATEMENT. You may reinstate the policy anytime within three years after a grace period ends if it has not been surrendered for its cash value. To reinstate the policy you must:

- (i) give us a written application for reinstatement;
- (ii) give us satisfactory evidence the Insured is still insurable;
- (iii) repay or reinstate any policy debt which was in effect when the policy ceased to be in force with 6% interest compounded annually; and
- (iv) pay all overdue premiums and compound interest at 6% per year from their due dates.

OWNERSHIP AND BENEFICIARY

OWNERSHIP. The owner of this policy on the Effective Date is shown on **Page 2**. You can transfer ownership to a new owner by filing a written request for change with the Company. The change of ownership will take effect as of the date the request was signed, unless otherwise specified by you, but without any liability to us on account of any payment we made or action we took before the request was received by us at our Home Office.

We are not responsible for the validity of a transfer of ownership.

A new owner takes the policy subject to all existing policy debt, interest accruing after the date of transfer and the interest of any assignee of record.

While the Insured is living the owner may exercise any rights and receive all benefits described in the policy. If the owner has given up the right to change a beneficiary any such irrevocable beneficiary must give consent in the exercise of any of the owner's rights.

The owner may designate a survivor owner to whom ownership will be transferred automatically at the death of the owner if the Insured is living at that time.

While the owner is living, a survivor owner has no rights or entitlement to benefits as owner.

If the owner is not the Insured, and dies before the Insured, all rights of ownership will belong to the owner's estate unless otherwise provided.

BENEFICIARY. The name of the beneficiary and the name of any contingent beneficiary is shown on **Page 2** unless it has been changed. A contingent beneficiary is the person or entity designated to receive the death benefit if the beneficiary is not alive at the Insured's death.

CHANGE OF BENEFICIARY. If you have not given up the right to do so, you may change the beneficiary while the Insured is living by filing a written request for change with the Company. If the beneficiary has been designated as irrevocable, the beneficiary's written consent to such change is required. The Company may require the return of the policy for endorsement. Unless you specify otherwise, the change will take effect as of the date the request was signed, subject to any payment we made or action we took before receipt of the request.

POLICY BENEFITS

DEATH BENEFIT. Upon receipt of due proof of the Insured's death while this policy is in force, we will pay the Death Benefit. Due proof of death means a certified copy of the Insured's death certificate or other lawful evidence providing equivalent information and proof of the claimant's interest in the proceeds. The Death Benefit shall equal:

- The Initial Amount of Insurance; plus
- Any insurance on the life of the Insured provided by riders; plus
- The portion of any premium actually paid that applies to a period beyond the date of the Insured's death; less
- Any Policy debt; less

- Any due and unpaid premium which applies to a period prior to the Insured's death.

Interest will accrue and be payable on the Death Benefit from the date of death to the date of payment at the rate paid at that time under Settlement Option 5. Additional interest, at a rate of 10% will be added if the Death Benefit is not paid within 31 calendar days from the latest of:

1. Our receipt of due proof of the Insured's death,
2. Our receipt of sufficient information to determine the extent of liability and the payee; and
3. Removal of any legal impediments to payment of proceeds that were dependent upon parties other than us.

MATURITY BENEFIT. If the Insured is still living on the Maturity Date and this policy is in force, we will pay you the net cash value and this policy will terminate.

CASH VALUE. You may receive the net cash value if you surrender this policy any time after the policy first has a cash value and while the Insured is living. The net cash value is the cash value less any policy debt. All the insurance will cease when you surrender the policy. If no premium is unpaid, the cash value is determined from the Table Of Values for the age and sex of the Insured while living.

NONFORFEITURE PROVISION. If any premium is unpaid at the end of the grace period and there is no cash value, the policy will cease to be in force effective at the end of the grace period. If there is a cash value and the Automatic Premium Loans provision is in effect, we will make a loan to pay the premium according to the terms of that provision.

If any premium is unpaid at the end of the grace period and there is a cash value but the Automatic Premium Loans provision is not in effect, then within sixty days from the due date of the unpaid premium, you may select one of the following nonforfeiture options:

- **Cash Surrender.** You may surrender the policy according to the terms of the Cash Value provision. If the policy is surrendered within sixty days after the due date of the unpaid premium, the cash value will not be less than the cash value on the due date. We may defer the payment of any cash surrender for up to six months from the date of your request.
- **Paid Up Insurance.** The cash value on the due date of the unpaid premium is used as a net single premium to purchase a reduced level amount of whole life insurance for the Insured.

The net single premium is based on the Insured's age and sex on the due date of the unpaid premium. The Insured's age is his or her age on the Effective Date of the policy, plus the number of policy years and months to the due date of the unpaid premium. Any outstanding policy loans will be continued. No further premiums are payable.

- **Extended Term Insurance.** The net cash value on the due date of the unpaid premium is used as a net single premium to purchase extended term insurance for a limited period for the Insured. The amount of extended term insurance is the amount of insurance which would have been in force during each policy year if no premium due were unpaid, less the amount of any policy loan. No further premiums are payable.

The Extended Term Insurance option is not available if this policy is rated.

If you do not select one of the nonforfeiture options within sixty days from the due date of an unpaid premium, we will automatically continue the insurance under the Extended Term Insurance option if the Insured is eligible for that option. Otherwise, we will continue the insurance under the Paid Up Insurance option.

If the policy is continued under the nonforfeiture option you may surrender it at any time for its remaining net cash value. The net cash value is the net single premium for all remaining benefits at the Insured's attained age less any policy debt continued. If the surrender is made within thirty days after a policy anniversary, the cash value will not be less than the cash value on that anniversary. The net cash value available under this policy in the event of default of premium payment due at any time other than on a policy anniversary shall be calculated with allowance for lapse of time and the payment of fractional premiums from the last preceding policy anniversary.

BASIS OF OUR CALCULATIONS. All policy values meet the standard nonforfeiture law requirements. Cash values are computed by the standard nonforfeiture method.

A detailed statement of our computation method for all values and reserves has been filed with the insurance department of the state where this policy is delivered. All values and reserves are equal to or greater than those required by the laws of that state.

The Commissioners' 2001 Standard Ordinary Mortality Table for the sex of the Insured (age at last birthday) is used to calculate cash values and single premiums for paid up and extended term insurance. All deaths under these tables during a policy year are assumed to occur at the end of that year. All cash values and single premiums are based on the interest at rate of 4.5% per year.

POLICY LOANS. While the policy is in force, except with regard to any insurance continued as extended term insurance, and after the policy year for which cash values are first shown in the Table of Values, we will make cash loans to you upon your written request. We may defer making a loan, other than a loan to pay premiums to us, for up to six months. This policy shall be the sole security for any such loan.

When a loan is made, interest for a period not beyond the end of the policy year must be paid in advance. For each policy year the loan continues, interest for a period not beyond the end of that policy year is due in advance. If the interest is not paid when due, it will be added to the policy debt and bear interest at the same rate.

"Policy debt" means the total outstanding loans with interest. Policy debt must not exceed the cash value of the policy. If policy debt ever equals or exceeds the cash value, the policy will cease thirty-one days after we have mailed written notice to your last known address and to the address of any collateral assignee of the policy as shown by our records.

The interest rate charged on policy debt is 6% per year compounded annually.

A policy loan may be for any amount which does not exceed the cash value on the next premium due date or the next policy anniversary, if sooner, minus interest in advance to the end of the current policy year, any premium due that is unpaid and any policy debt.

You may repay all or any part of policy debt at any time. Any policy debt will be deducted from the amount payable if you surrender the policy, from any amount applied to a settlement option, the amount payable on the Maturity Date, or from the amount payable by reason of the Insured's death.

AUTOMATIC PREMIUM LOANS. If this provision is in effect either by selection in the application or later by written request, we will automatically loan enough to pay any premium unpaid at the end of a grace period if the limit on policy debt is not exceeded. If making a loan for the entire premium due causes the limit on policy debt to be exceeded, we will make a loan only for the premium for as many days as the limit on policy debt will permit. You may revoke this provision with respect to future premiums becoming due by written request.

TABLE OF VALUES

This table shows cash values and other values as of the end of the policy years shown with respect to the insurance for the Insured named on **Page 2**.

No cash value or other value is provided by this policy before the end of a policy year for which a cash value is first shown.

The values in this table assume there is no policy debt and that premiums have been paid to the end of the policy year.

Values during a policy year will reflect the portion of the year for which the premium has been paid.

Values not shown in the table below will be furnished on request.

End of Policy Year	Cash or Loan Value	Reduced Paid-Up Insurance	Extended Term Insurance	
			Days	Years
1	\$0	\$0	0	0
2	\$0	\$0	0	0
3	\$305	\$1,609	308	5
4	\$783	\$3,968	31	11
5	\$1,276	\$6,217	232	14
6	\$1,787	\$8,364	73	17
7	\$2,315	\$10,416	28	19
8	\$2,861	\$12,374	142	20
9	\$3,424	\$14,245	133	21
10	\$4,005	\$16,030	45	22
11	\$4,603	\$17,731	268	22
12	\$5,217	\$19,352	81	23
13	\$5,848	\$20,894	214	23
14	\$6,496	\$22,365	305	23
15	\$7,163	\$23,771	360	23
16	\$7,851	\$25,117	22	24
17	\$8,558	\$26,406	24	24
18	\$9,286	\$27,640	5	24
19	\$10,034	\$28,819	331	23
20	\$10,801	\$29,947	273	23
Age 60	\$14,900	\$34,852	137	22
Age 65	\$19,259	\$38,625	151	20

SETTLEMENT OPTION PROVISION. While the Insured is living, you may choose the settlement option under which to apply any amount becoming payable because of the surrender of the policy. While the Insured is living you may choose the settlement option under which the beneficiary will receive any amount payable by reason of the death of the Insured. If no settlement option has been chosen when an amount is payable because of the death of the Insured, the beneficiary may choose a settlement option.

***Option 1.** We will pay the amount payable in one sum to the beneficiary.

***Option 2.** We will pay the annual, semi-annual, quarterly or monthly installments specified by the person making the choice until the amount payable together with interest is exhausted. The interest rate will be a rate declared by the Company but not less than 1 1/2% per year compounded annually.

***Option 3.** We will pay the amount payable in equal installments for a period not longer than thirty years as specified by the person making the choice from the following table:

MONTHLY INSTALLMENTS PER \$1,000 OF AMOUNT PAYABLE

No. of Years	Monthly Installment	No. of Years	Monthly Installment	No. of Years	Monthly Installment
1	84.01	11	8.22	21	4.62
2	42.32	12	7.59	22	4.44
3	28.42	13	7.05	23	4.28
4	21.47	14	6.60	24	4.13
5	17.31	15	6.20	25	3.99
6	14.53	16	5.86	26	3.87
7	12.54	17	5.55	27	3.75
8	11.06	18	5.28	28	3.64
9	9.90	19	5.04	29	3.54
10	8.97	20	4.82	30	3.45

If the recipient dies before receiving the number of installments specified, the remaining installments will be computed and paid in one sum to the estate of the recipient. The interest rate used in computing the installments will be 1 1/2 % per year compounded annually.

***Option 4.** We will pay the amount payable in monthly installments for the remaining lifetime of the recipient but for not less than 120, 180 or 240 monthly installments.

MONTHLY INSTALLMENTS FOR LIFETIME OF RECIPIENT PER \$1,000 OF AMOUNT PAYABLE

Age of Recipient	120 Months		180 Months		240 Months	
	Male	Female	Male	Female	Male	Female
45	2.93	2.74	2.92	2.73	2.89	2.72
46	2.99	2.79	2.97	2.78	2.94	2.76
47	3.05	2.84	3.02	2.83	2.99	2.81
48	3.11	2.89	3.08	2.88	3.04	2.86
49	3.17	2.94	3.14	2.93	3.10	2.91
50	3.23	3.00	3.20	2.98	3.15	2.96
51	3.30	3.06	3.27	3.04	3.21	3.01
52	3.37	3.12	3.33	3.10	3.27	3.07
53	3.45	3.19	3.40	3.16	3.33	3.13
54	3.53	3.26	3.48	3.23	3.40	3.19
55	3.61	3.33	3.55	3.30	3.46	3.25
56	3.69	3.40	3.63	3.37	3.53	3.31
57	3.79	3.48	3.71	3.44	3.59	3.38
58	3.88	3.57	3.80	3.52	3.66	3.45
59	3.98	3.66	3.89	3.60	3.73	3.52
60	4.09	3.75	3.98	3.69	3.80	3.59
61	4.20	3.85	4.07	3.78	3.87	3.67
62	4.32	3.95	4.17	3.87	3.94	3.74
63	4.44	4.06	4.27	3.97	4.01	3.82
64	4.57	4.18	4.37	4.07	4.08	3.89
65	4.71	4.30	4.48	4.17	4.15	3.97
66	4.85	4.43	4.58	4.28	4.22	4.05
67	5.00	4.57	4.69	4.39	4.28	4.12
68	5.15	4.71	4.80	4.51	4.34	4.20
69	5.31	4.86	4.90	4.62	4.40	4.27
70	5.47	5.02	5.01	4.74	4.45	4.34
71	5.64	5.19	5.11	4.86	4.50	4.40
72	5.81	5.37	5.22	4.98	4.55	4.46
73	5.99	5.55	5.31	5.10	4.59	4.51
74	6.17	5.74	5.41	5.21	4.63	4.56
75	6.35	5.93	5.50	5.32	4.66	4.61
76	6.53	6.14	5.59	5.43	4.69	4.65
77	6.72	6.34	5.67	5.53	4.71	4.68
78	6.90	6.55	5.74	5.62	4.74	4.71
79	7.08	6.76	5.81	5.71	4.75	4.73
80	7.25	6.96	5.87	5.79	4.77	4.75

The ages appearing in the table above refer to the age of the recipient on the date of first payment under **Option 4.**

***Option 5.** We will hold the amount payable for the lifetime of the recipient or for a specified period. We will pay interest on the amount held at a rate we will determine but not less than 1 1/2% per year compounded annually. Interest payments may be made each month, each three months, each six months or each twelve months. At the death of the recipient or the end of the specified period we will pay the amount held together with any accrued interest to the recipient, if living, otherwise to the estate of the recipient.

We pay all amounts payable under this policy at our Home Office in Oklahoma City, Oklahoma.

Before making any payments we may ask for the return of this policy.

We will make payments under settlement **options 2, 3, 4 or 5** only to a natural person in that person's own right.

Payments under **options 2, 3 and 4** are made at the beginning of each period they are to cover. Interest payments under **option 5** are made at the end of each period over which the interest is earned.

If any installment under a settlement option would be less than \$25, we reserve the right to change the frequency of payments or to pay the entire balance we hold in one sum.

The election of a settlement option, except **option 1**, must have our consent if the policy is assigned or if the amount applied for the benefit of any one payee would be less than \$2,500.

At the time of their commencement, annuity benefits provided by a settlement option shall not be less than those that would be provided by the application of the net cash value to purchase a single consideration immediate annuity contract at purchase rates offered by us at the time to the same class of annuitants.



Reserve National Insurance Company
[601 East Britton Road, Oklahoma City, OK 73114-7710]
[1-800-654-9106 www.reservenational.com]

Whole Life Policy. Premium Payments During Life Of Insured. Insurance Payable At Death Of Insured.



Reserve National Insurance Company
[601 East Britton Road • Oklahoma City, OK 73114
1-800-654-9106 • www.reservenational.com]

For Home Office Use Only

POLICY NUMBER

EFFECTIVE DATE

Month

Day

Year

AGENT CODE

MGR. CODE

APPLICATION FOR INDIVIDUAL LIFE INSURANCE

PROPOSED INSURED'S NAME First Middle Last			EMAIL ADDRESS		
ADDRESS Street # / Rural Route City State Zip Code			SOCIAL SECURITY NUMBER		
AGE Last Birthday	DATE OF BIRTH Month/Day/Year	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	PHONE NUMBER With area code Home: _____ Other: _____		
PLACE OF BIRTH City, State		OCCUPATION AND DUTIES			
PRIMARY BENEFICIARY (full name and address)			Relationship to Proposed Insured		
CONTINGENT BENEFICIARY (full name and address)			Relationship to Proposed Insured		
OWNER'S NAME (if other than Proposed Insured)			Relationship to Proposed Insured		
OWNER'S ADDRESS Street # / Rural Route City State Zip Code					
INSURANCE APPLIED FOR: <input type="checkbox"/> Whole Life Policy Amount of Insurance \$ _____ <input type="checkbox"/> Term Life Policy Amount of Insurance \$ _____ <input type="checkbox"/> Accelerated Benefit Rider- Terminal Illness <input type="checkbox"/> Accelerated Benefit Rider – Chronic Illness <input type="checkbox"/> Short Term Care Rider Daily Benefit \$ _____					
PREMIUM INFORMATION Initial Premium Paid \$ _____ <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Bank Draft Automatic Premium Loan (if available) <input type="checkbox"/> Yes <input type="checkbox"/> No			BILLING INFORMATION Premiums Payable <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Monthly Bank Draft		
REPLACEMENT OF INSURANCE Does the Proposed Insured have any existing life insurance or annuity contracts in force or pending? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please list name and address of insurer(s), policy number(s) and amount of coverage: _____ _____					

Is the policy applied for intended to replace, modify or change any life insurance or annuity contract in this or any other company? ☐ Yes ☐ No If "Yes," indicate policy and company above.

HEALTH QUESTIONS

1. Height _____ft _____in Weight _____lb
2. In the past 2 years, has the Proposed Insured been diagnosed with, treated, tested positive or been given medical advice by a member of the medical profession for:
- a. Alzheimer's disease, dementia or memory loss? ☐ Yes ☐ No
 - b. Amyotrophic Lateral Sclerosis (ALS), Multiple Sclerosis, Muscular Dystrophy, Parkinson's disease or myasthenia gravis? ☐ Yes ☐ No
 - c. Psychosis or Schizophrenia? ☐ Yes ☐ No
 - d. Diabetes with complications such as retinopathy (eye disease) or neuropathy (numbness/tingling in hands or feet)? ☐ Yes ☐ No
 - e. Internal cancer, leukemia, lymphoma or melanoma? ☐ Yes ☐ No
 - f. Osteoporosis with related fracture(s)? ☐ Yes ☐ No
 - g. Systemic lupus, kidney failure, cirrhosis of the liver or hydrocephalus? ☐ Yes ☐ No
 - h. Stroke or cerebrovascular accident (CVA), TIA, congestive heart failure, atrial fibrillation, peripheral vascular disease or cardiomyopathy? ☐ Yes ☐ No
 - i. Amputation due to disease? ☐ Yes ☐ No
3. Has the Proposed Insured been diagnosed by a member of the medical profession as having Acquired Immune Deficiency Syndrome (AIDS) or tested positive for Human Immunodeficiency Virus (AIDS Virus)? ☐ Yes ☐ No
4. Has the Proposed Insured been diagnosed with a terminal illness which is expected to end his/her life within the next 12 months? ☐ Yes ☐ No
5. In the past 2 years:
- a. Has a medical professional scheduled or advised the Proposed Insured to have surgery requiring anesthesia, or undergo testing and the Proposed Insured has not done so? ☐ Yes ☐ No
 - b. Has the Proposed Insured resided or been advised by a medical professional to reside in a Nursing Home or Assisted Living Facility? ☐ Yes ☐ No
 - c. Has the Proposed Insured received or been advised by a medical professional to receive Home Health Care or Adult Day Care services? ☐ Yes ☐ No
 - d. Has the Proposed Insured had any balance disorder or difficulty walking? ☐ Yes ☐ No
6. In the past 3 years, has the Proposed Insured used any form of tobacco or nicotine based products? ☐ Yes ☐ No

Answer the following questions only if applying for the Short Term Care Rider

7. Does the Proposed Insured require supervision or assistance with activities of daily living such as walking, eating, bathing, dressing, toileting, moving into or out of a bed or chair or taking medication? ☐ Yes ☐ No
8. Does the Proposed Insured use a walker, wheelchair, quad cane, motorized personal transport, chair lift or oxygen? ☐ Yes ☐ No
9. Has the Proposed Insured ever had an organ transplant (other than corneal) or a defibrillator implanted? ☐ Yes ☐ No

DETAILS: If you answered "Yes" to any of the questions 2-8 above, please provide details below (including question number, nature of condition, medications, name of medical facility or physician treating the condition and date of last treatment).

AGREEMENT

I agree that: (1) I have read this application and any supplemental application, including all statements and answers that pertain to me, and confirm that all such statements and answers are true to the best of my knowledge and belief; (2) the statements and answers in this application are the basis for any policy issued by Reserve National Insurance Company ("the Company"), and that no information about me will be considered to have been given to the Company unless it is

stated in this application or a supplemental application; (3) a sales representative does not have the Company's authorization to accept risk, pass on insurability, or make, void, waive or change any conditions or provisions of this application or any policy; and (4) the insurance applied for in this application shall not be considered in force and the Company shall not have any liability until a policy is issued by the Company and accepted by the owner and the first premium is paid in full while the Proposed Insured is alive.

AUTHORIZATION

I hereby authorize any physician, clinic, hospital, health care provider, insurance company, pharmacy, pharmacy benefit manager, MIB, Inc. or other person, organization or institution that has any medical records or medical information regarding me, to release my personal health information* to the Company, or its reinsurers, to determine my eligibility for life insurance. I authorize the Company, or its reinsurers, to make a brief report of my personal health information to MIB. This information may be subject to further disclosure as required by law and may no longer be protected by the rules governing this authorization. I may revoke this authorization at any time by notifying the Company in writing, at the address on the business reply card, except to the extent that the Company has collected information or taken action in reliance on it. Revocation may be a basis for denying benefits. Failure to sign an authorization may impair the ability of a regulated insurer to evaluate claims or process applications and may be a basis for denying an application or claim for benefits. This authorization may be used for 24 months from the date signed below unless revoked. This authorization must be signed and dated as a condition of obtaining this insurance. I or my authorized representative will receive a copy of this authorization.

***WISCONSIN RESIDENTS:** Information about AIDS or HIV status is limited to apposite diagnosis made by a member of the medical profession. HIV test results received at an anonymous counseling and testing site or results from a home test kit are not subject to disclosure.

SIGNATURES

Select one:

☐ Send Policy to Insured ☐ Send Policy to Owner ☐ Agent to Deliver

I hereby acknowledge receipt of the IMPORTANT NOTICE to applicant for insurance.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

I have paid to Reserve National Insurance Company the sum of \$_____ which is a ☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual premium, and I hold a receipt for that amount made up without alteration bearing the same date as this application and consent to the terms of such receipt.

City and State where signed _____ this ____ day of _____, _____.

Signature of Owner

Signature of Proposed Insured

AGENT SECTION

To the best of my knowledge and belief the Proposed Insured ☐ does ☐ does not have existing life insurance or annuity contracts in force. The applied for coverage ☐ is ☐ is not intended to replace existing life insurance or annuity contracts.

The undersigned agent (a) represents Reserve National Insurance Company in connection with the insurance applied for; (b) will receive compensation from the Company if coverage is issued; and (c) may provide services to policyholders on behalf of the Company, subject to the Company's approval. The agent does not have authority to bind the Company.

I certify that I asked each question of the applicant personally and the answers have been accurately recorded hereon.

Signature Of Agent

Agent's Printed Name

FOR HOME OFFICE USE



Reserve National Insurance Company
[601 East Britton Road, Oklahoma City, OK 73114-7710]
[1-800-654-9106 www.reservenational.com]

Accelerated Death Benefit Rider Chronic Illness

NOTICE: An Accelerated Death Benefit may be taxable. You should consult your personal tax advisor about the impact of any benefit received under this rider.

Any benefit received under this rider may impact the recipient's eligibility for Medicaid or other government benefits.

Any benefit paid under this rider will reduce the policy's death benefit and cash value. See the Effect on the Policy provision of this rider for more information.

This rider provides for payment of an accelerated death benefit if the Insured is diagnosed as being a Chronically Ill Individual and requires continuous confinement in a Nursing Home Facility or Assisted Living Facility, where he or she is expected to remain for the rest of his or her life. This rider is attached to and becomes part of the policy. This rider is subject to all of the policy's provisions that apply to and are not inconsistent with this rider. In the case of any inconsistencies, the terms of this rider apply.

This rider is issued in consideration of the application and payment of the required premium. The premium for this rider is shown on the Insured Schedule. This rider will become effective on the policy effective date shown in the Insured Schedule. This rider will terminate on the first to occur of the events listed under the Termination provision of this rider.

DEFINITIONS

Activities of Daily Living. Activities of Daily Living are:

- Bathing: washing oneself by sponge bath, or in either a tub or shower, including the task of getting into or out of the tub or shower;
- Continence: the ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag);
- Dressing: putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs;
- Eating: feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously;
- Toileting: getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene; and
- Transferring: moving into or out of a bed, chair or wheelchair.

Assisted Living Facility. means a facility that is engaged primarily in providing services and care on a continuous 24-hour basis sufficient to support the needs of Chronically Ill Individuals. An Assisted Living Facility must have the appropriate state licensure or certification as an Assisted Living Facility, where required.

An Assisted Living Facility is not: a hospital; clinic; a place that operates primarily for the treatment of alcoholism, drug addiction or mental or nervous disorders; a Nursing Home Facility; a Hospice Care Facility; an individual residence; an independent living unit; or a group living situation that fails to meet the above requirements.

Home Office. Our Home Office is located at [601 East Britton Road, in the City of Oklahoma City, Oklahoma].

Insured. The Insured is the person designated on the Insured Schedule in the policy.

Physician. Physician means a Medical Doctor (M.D.) or Doctor of Osteopathy (D.O.), practicing within the scope of his or her license issued by the jurisdiction in which services are rendered. The Physician may not be you, the Insured or the spouse, child, parent, sibling or grandparent of you or the Insured.

Chronically Ill Individual – means the Insured has been certified by a Physician as:

- Being unable to perform (without substantial assistance from another individual) at least two Activities of Daily Living for a period of at least 90 days due to a loss of functional capacity; or
- Requiring substantial supervision to protect the individual from threats to health and safety due to Severe Cognitive Impairment.

A Chronically Ill Individual shall not include an Insured who otherwise meets these requirements unless within the preceding twelve-month period a Physician has certified that the Insured meets these requirements.

Nursing Home Facility means a skilled nursing facility, intermediate care facility, or custodial care facility that provides 24 hour-a-day nursing care to inpatients under a planned program supervised by a Physician. It is not: (a) a hospital; (b) a facility that primarily treats persons who are chemically dependent or mentally ill; (c) a home for the aged, a community living center, or a place that primarily provides domiciliary residency or retirement care in the absence of medical necessity; or (d) a facility owned or operated by a member of your or the Insured's immediate family. A Nursing Home Facility must be licensed as a Nursing Home Facility by the state in which it operates and must conduct its business in accordance with law.

Severe Cognitive Impairment. A deterioration or loss in intellectual capacity that is measured by clinical evidence and standardized tests which reliably measure impairment in: (a) short-term or long term memory; (b) orientation to people places or time; and (c) deductive or abstract reasoning. Such deterioration or loss must place the person in jeopardy of harming oneself, therefore requiring substantial supervision by another person.

We, Us, Our. We, Us and Our refer to Reserve National Insurance Company.

You, Your, Yours. You, Your and Yours refer to the owner of the policy to which this rider is attached.

BENEFIT

If the Insured is diagnosed by a Physician as being a Chronically Ill Individual in need of continuous confinement in a Nursing Home Facility or Assisted Living Facility, you may elect to receive up to 25% of the Death Benefit of the policy in advance, subject to the terms and conditions of this rider. This benefit is payable in a single sum.

If, 270 days after the initial diagnosis, a Physician provides a certification that the Insured remains a Chronically Ill Individual in need of continuous confinement in a Nursing Home Facility or Assisted Living

Facility, you may accelerate an additional 25% of the Death Benefit of the policy in advance, subject to the terms and conditions of this rider.

Benefits are payable only if the Insured is living and this rider is in force.

EFFECT ON THE POLICY

The amount of accelerated death benefit will be treated as a lien against the Policy. Once established, this lien will continue until the policy terminates or the lien is repaid. The lien will impact the policy as follows:

1. The policy Death Benefit will be reduced by the amount of the lien.
2. Interest will be added to the lien at the rate for policy loans in the policy.
3. The cash value available for surrender and loans will be reduced by the amount of the lien and accrued interest on the lien.

Premiums will continue to be payable as described in the policy.

Prior to or concurrent with the election to accelerate the policy Death Benefit, the owner and any irrevocable beneficiary will be given a statement demonstrating the effect of the acceleration of the payment of Death benefits on the cash value, death benefit, premium and policy loans (including policy liens). The statement will show the premium that will continue to be payable to keep the policy in force and will display all charges associated with accelerating the death benefit.

Any accidental death benefit rider attached to the policy will be unaffected by the payment of an accelerated death benefit, provided the policy and the accidental death benefit rider remains in force.

CLAIMS

Notice of Claim. Written notice of a claim may be given to us any time after the date the Insured is diagnosed as a Chronically Ill Individual in need of continuous care in a Nursing Home Facility or Assisted Living Facility. Notice of claim may be sent directly to our Home Office or provided to your agent.

Claim Forms. Within fifteen days of receiving notice, we will send you claim forms. If the forms are not mailed or given to you within fifteen days, you will meet the claim form requirements by giving us a written proof covering the character and extend of the occurrence for which claim is made.

Proof of Loss. Written proof that the Insured meets the requirements of this rider must be received by us before we will advance the accelerated benefit. Proof will include a properly completed claim form and a written statement from a physician that the Insured has been diagnosed as a Chronically Ill Individual in need of continuous care in a Nursing Home Facility or Assisted Living Facility, as defined in this rider. We may request additional medical information from the physician submitting the statement.

Prior to the payment of any accelerated benefit, we must obtain from any assignee or irrevocable beneficiary a signed acknowledgement of concurrence for payout.

Time Payment of Claims.. Payment of the accelerated death benefit is payable immediately upon receipt of due written proof of eligibility.

Payment of Claims. The accelerated death benefit shall be paid to you or your estate while the Insured is living, unless the benefit has been otherwise assigned or designated by you.

If the Insured dies after the accelerated benefit is elected, but before we pay the benefit, we will pay the death benefit as if the accelerated benefit had not been elected.

Physical Examination. We may require, at our expense, an additional examination by a physician that we choose. In the case of a conflict between your physician and our physician, eligibility for benefits shall be determined by a third medical opinion that is provided by a physician that is mutually acceptable to the Insured and us.

INCONTESTABILITY

The Incontestability provision of the policy applies to this rider.

REINSTATEMENT

This rider will be reinstated if the policy is reinstated, provided an accelerated death benefit has not been paid.

TERMINATION

This rider will terminate:

1. If the policy terminates for any reason; or
2. Upon your written request.

Termination shall not prejudice the payment of benefits for any qualifying event that occurred while the form was in force.

Signed for Reserve National Insurance Company at its Home Office.


President



Reserve National Insurance Company
[601 East Britton Road, Oklahoma City, OK 73114-7710]
[1-800-654-9106 www.reservenational.com]

Accelerated Death Benefit Rider Terminal Illness

NOTICE: An Accelerated Death Benefit may be taxable. You should consult your personal tax advisor about the impact of any benefit received under this rider.

Any benefit received under this rider may impact the recipient's eligibility for Medicaid or other government benefits.

Any benefit paid under this rider will reduce the policy's death benefit and cash value. See the Effect on the Policy provision of this rider for more information.

This rider provides for payment of an accelerated death benefit if the Insured is diagnosed with a Terminal Illness. This rider is attached to and becomes part of the policy. This rider is subject to all of the policy's provisions that apply to and are not inconsistent with this rider. In the case of any inconsistencies, the terms of this rider apply.

This rider is issued in consideration of the application. There is no premium for this rider. This rider will become effective on the policy effective date shown in the Insured Schedule. This rider will terminate on the first to occur of the events listed under the Termination provision of this rider.

DEFINITIONS

Home Office. Our Home Office is located at [601 East Britton Road, in the City of Oklahoma City, Oklahoma].

Insured. The Insured is the person designated on the Insured Schedule in the policy.

Physician. Physician means a Medical Doctor (M.D.) or Doctor of Osteopathy (D.O.), practicing within the scope of his or her license issued by the jurisdiction in which services are rendered. The Physician may not be you, the Insured or the spouse, child, parent, sibling or grandparent of you or the Insured.

Terminal Illness. Terminal Illness means a medical condition that, in the opinion of a Physician, is reasonably expected to result in a life expectancy of six months or less.

We, Us, Our. We, Us and Our refer to Reserve National Insurance Company.

You, Your, Yours. You, Your and Yours refer to the owner of the policy to which this rider is attached.

BENEFIT

If the Insured is diagnosed by a Physician as having a Terminal Illness while this rider is in force, you may elect to receive up to 50% of the Death Benefit of the policy in advance, subject to the terms and

conditions of this rider. This benefit is payable in a single sum. Only one accelerated benefit payment is available under this rider.

EFFECT ON THE POLICY

The amount of accelerated death benefit will be treated as a lien against the Policy. Once established, this lien will continue until the policy terminates or the lien is repaid. The lien will impact the policy as follows:

1. The policy Death Benefit will be reduced by the amount of the lien.
2. Interest will be added to the lien at the rate for policy loans in the policy.
3. The cash value available for surrender and loans will be reduced by the amount of the lien and accrued interest on the lien, but shall not be less than zero.

Premiums will continue to be payable as described in the policy.

Prior to or concurrent with the election to accelerate the policy Death Benefit, the owner and any irrevocable beneficiary will be given a statement demonstrating the effect of the acceleration of the payment of Death benefits on the cash value, death benefit, premium and policy loans (including policy liens). The statement will show the premium that will continue to be payable to keep the policy in force and will display all charges associated with accelerating the death benefit.

Any accidental death benefit rider attached to the policy will be unaffected by the payment of an accelerated death benefit, provided the policy and the accidental death benefit rider remains in force.

CLAIMS

Notice of Claim. Written notice of a claim may be given to us any time after the date the Insured is diagnosed with a Terminal Illness. Notice of claim may be sent directly to our Home Office or provided to your agent.

Claim Forms. Within fifteen days of receiving notice, we will send you claim forms. If the forms are not mailed or given to you within fifteen days, you will meet the claim form requirements by giving us a written proof covering the character and extent of the occurrence for which claim is made.

Proof of Loss. Written proof of the Insured's Terminal Illness must be received by us before we will advance the accelerated benefit. Proof will include a properly completed claim form and a written statement from a physician that the Insured has been diagnosed with a Terminal Illness, as defined in this rider. We may request additional medical information from the physician submitting the statement.

Prior to the payment of any accelerated benefit, we must obtain from any assignee or irrevocable beneficiary a signed acknowledgement of concurrence for payout.

Time Payment of Claims.. Payment of the accelerated death benefit is payable immediately upon receipt of due written proof of eligibility.

Payment of Claims. The accelerated death benefit shall be paid to you or your estate while the Insured is living, unless the benefit has been otherwise assigned or designated by you.

If the Insured dies after the accelerated benefit is elected, but before we pay the benefit, we will pay the death benefit as if the accelerated benefit had not been elected.

Physical Examination. We may require, at our expense, an additional examination by a physician that we choose. In the case of a conflict between your physician and our physician, eligibility for benefits shall be determined by a third medical opinion that is provided by a physician that is mutually acceptable to the Insured and us.

INCONTESTABILITY

The Incontestability provision of the policy applies to this rider.

REINSTATEMENT

This rider will be reinstated if the policy is reinstated, provided an accelerated death benefit has not been paid.

TERMINATION

This rider will terminate:

1. If the policy terminates for any reason;
2. On the date a benefit is paid under this rider; or
3. Upon your written request to terminate this rider.

Signed for Reserve National Insurance Company at its Home Office.


President



RESERVE NATIONAL

Reserve National Insurance Company
[601 East Britton Road, Oklahoma City, OK 73114-7710]
[1-800-654-9106 www.reservenational.com]

ACCELERATED DEATH BENEFIT TERMINAL ILLNESS DISCLOSURE

IMPORTANT NOTICE: Any benefit paid under the rider will reduce the policy's death benefit and cash value.

Benefits paid under the rider may be taxable. As with all tax matters, You should consult a tax advisor to assess the impact of any benefit under the rider.

Receipt of an Accelerated Death Benefit Payment may affect your eligibility for government programs such as Medicaid or other benefits under state or federal benefit programs.

ACCELERATED DEATH BENEFIT PAYMENT

The rider allows you to receive up to 50% of the Death Benefit of the policy in advance, if the Insured is diagnosed by a Physician as having a Terminal Illness, a medical condition that, in the opinion of a Physician, is reasonably expected to result in a life expectancy of six months or less.

This benefit is payable in a single sum. Only one accelerated benefit payment is available under the rider.

COSTS OF THE ACCELERATED DEATH BENEFIT PAYMENT

There is no premium for the rider and no fee for the rider. Interest will be charged on any Accelerated Death Benefit payment. Interest will accrue on the amount of the Accelerated Death Benefit at the rate in effect for policy loans in the policy.

EFFECT OF BENEFIT ON THE POLICY

Any accelerated death benefit paid will be treated as a lien against the Policy. Once established, this lien will continue until the policy terminates or the lien is repaid. The lien will impact the policy as follows:

1. The policy Death Benefit will be reduced by the amount of the lien.
2. Interest will be added to the lien at the rate for policy loans in the policy.
3. The cash value available for surrender and loans will be reduced by the amount of the lien and accrued interest on the lien, but shall not be less than zero.

Premiums will continue to be payable as described in the policy.

Any accidental death benefit rider attached to the policy will be unaffected by the payment of an accelerated death benefit, provided the policy and the accidental death benefit rider remains in force.

SAMPLE ILLUSTRATION

The sample illustration below shows the effect of an Accelerated Death Benefit payment. The sample assumes a policy in the sixteenth (16th) policy year with a: 1) \$50,000 death benefit; 2) \$7,851 Cash Value, and 3) no outstanding Indebtedness. It also assumes the owner has requested the maximum accelerated benefit amount. The lien interest rate at the time of calculation is 6%.

Before Accelerated Death Benefit Payment

Death Benefit	\$ 50,000
	<u>x 50%</u>
Maximum Accelerated Death Benefit Available	\$ 25,000

Immediately After Accelerated Death Benefit Payment

Amount of Accelerated Benefit Payment (Lien Amount)	\$ 25,000
---	-----------

Death Benefit	\$ 50,000
less: Lien Amount	<u>\$ 25,000</u>
Death Proceeds Payable at Insured's Death	\$ 25,000

Net Cash Value	\$ 7,851
less: Lien Amount	\$ 25,000
Remaining Net Cash Value	\$ 0

One Year After Accelerated Death Benefit Payment

Amount of Accelerated Benefit Payment	\$ 25,000
plus: Accrued Lien Interest *	<u>\$ 1,500</u>
Lien Amount	\$ 26,500

Death Benefit	\$ 50,000
less: Lien Amount	<u>\$ 26,500</u>
Death Proceeds Payable at Insured's Death	\$ 23,500

Net Cash Value Before Accelerated Death Benefit Payment	\$ 8,558
Less: Lien Amount	\$ 26,500
Net Cash Value	\$ 0

ACKNOWLEDGMENT

I/We, the undersigned, hereby acknowledge that I/we have received and read the above Accelerated Death Benefit Disclosure and the attached Sample Illustration.

Owner's Signature

Agent's Signature

Date

Date



RESERVE NATIONAL

Reserve National Insurance Company
[601 East Britton Road, Oklahoma City, OK 73114-7710]
[1-800-654-9106 www.reservenational.com]

ACCELERATED DEATH BENEFIT CHRONIC ILLNESS DISCLOSURE

IMPORTANT NOTICE: Any benefit paid under the rider will reduce the policy's death benefit and cash value.

Benefits paid under the rider may be taxable. As with all tax matters, You should consult a tax advisor to assess the impact of any benefit under the rider.

Receipt of an Accelerated Death Benefit Payment may affect your eligibility for government programs such as Medicaid or other benefits under state or federal benefit programs.

ACCELERATED DEATH BENEFIT PAYMENT

The rider provides for payment of an accelerated death benefit if the Insured is diagnosed by a Physician as being a Chronically Ill Individual and requires continuous confinement in a Nursing Home Facility or Assisted Living Facility, where he or she is expected to remain for the rest of his or her life.

If the Insured is diagnosed by a Physician as being a Chronically Ill Individual in need of continuous confinement in a Nursing Home Facility or Assisted Living Facility, the owner may request up to 25% of the Death Benefit of the policy in advance. This benefit is payable in a single sum.

If, 270 days after the initial diagnosis, a Physician provides a certification that the Insured remains a Chronically Ill Individual in need of continuous confinement in a Nursing Home Facility or Assisted Living Facility, the owner may accelerate an additional 25% of the Death Benefit of the policy in advance.

Benefits are payable only if the Insured is living and this rider is in force.

COSTS OF THE ACCELERATED DEATH BENEFIT PAYMENT

There is a premium for the rider. In addition, interest will be charged on any Accelerated Death Benefit payment. Interest will accrue on the amount of the Accelerated Death Benefit at the rate in effect for policy loans in the policy.

EFFECT OF BENEFIT ON THE POLICY

Any accelerated death benefit paid will be treated as a lien against the Policy. Once established, this lien will continue until the policy terminates or the lien is repaid. The lien will impact the policy as follows:

1. The policy Death Benefit will be reduced by the amount of the lien.
2. Interest will be added to the lien at the rate for policy loans in the policy.
3. The cash value available for surrender and loans will be reduced by the amount of the lien and accrued interest on the lien, but shall not be less than zero.

Premiums will continue to be payable as described in the policy.

Any accidental death benefit rider attached to the policy will be unaffected by the payment of an accelerated death benefit, provided the policy and the accidental death benefit rider remains in force.

SAMPLE ILLUSTRATION

The sample illustration below shows the effect of two Accelerated Death Benefit payments. The sample assumes a policy in the sixteenth (16th) policy year with a: 1) \$50,000 death benefit; 2) \$7,851 Cash Value, and 3) no outstanding Indebtedness. It also assumes the owner has requested the maximum accelerated benefit amount. The lien interest rate at the time of calculation is 6%.

Before Accelerated Death Benefit Payment	
Death Benefit	\$ 50,000
	<u>x 25%</u>
Maximum Accelerated Death Benefit Available (first acceleration)	\$ 12,500

Immediately After First Accelerated Death Benefit Payment	
Amount of Accelerated Benefit Payment (Lien Amount)	\$ 12,500
Death Benefit	\$ 50,000
less: Lien Amount	<u>\$ 12,500</u>
Death Proceeds Payable at Insured's Death	\$ 37,500
Net Cash Value	\$ 7,851
less: Lien Amount	\$ 12,500
Remaining Net Cash Value	\$ 0

Second Request for Accelerated Death Benefit 270 days later	
Death Benefit	\$ 50,000
	<u>x 25%</u>
Maximum Accelerated Death Benefit Available (first acceleration)	\$ 12,500

Immediately After Second Accelerated Death Benefit Payment

Amount of Accelerated Benefit Payment (Lien Amount)	\$ 25,000
Accrued interest on first Accelerated Benefit payment	\$ 563
 Death Benefit	 \$ 50,000
less: Lien Amount and Accrued Interest	<u>\$ 25,563</u>
Death Proceeds Payable at Insured's Death	\$ 24,487
 Net Cash Value	 \$ 8,381
less: Lien Amount and Accrued Interest	\$ 25,563
Remaining Net Cash Value	\$ 0

One Year After Accelerated Death Benefit Payment

Amount of Accelerated Benefit Payment	\$ 25,000
plus: Accrued Lien Interest *	<u>\$ 938</u>
Lien Amount	\$ 25,938
 Death Benefit	 \$ 50,000
less: Lien Amount	<u>\$ 25,938</u>
Death Proceeds Payable at Insured's Death	\$ 24,062
 Net Cash Value Before Accelerated Death Benefit Payment	 \$ 8,558
Less: Lien Amount	\$ 25,938
Net Cash Value	\$ 0

ACKNOWLEDGMENT

I/We, the undersigned, hereby acknowledge that I/we have received and read the above Accelerated Death Benefit Disclosure and the attached Sample Illustration.

Owner's Signature

Agent's Signature

Date

Date



Reserve National Insurance Company
[601 East Britton Road, Oklahoma City, OK 73114-7710]
[1-800-654-9106 www.reservenational.com]

ACCELERATED DEATH BENEFIT PAYMENT NOTICE

IMPORTANT NOTICE: The Face Amount of the policy will be reduced if an Accelerated Death Benefit Payment is made. Benefits paid under the rider may be taxable. As with all tax matters, You should consult a tax advisor to assess the impact of any benefit under the rider.

Receipt of an Accelerated Death Benefit Payment may affect your eligibility for government programs such as Medicaid or other benefits under state or federal benefit programs.

ACCELERATED DEATH BENEFIT PAYMENT

You have requested an Accelerated Death Benefit Payment. This notice shows the effect the Accelerated Death Benefit Payment will have on your policy.

EFFECT OF BENEFIT ON THE POLICY

Any accelerated death benefit paid will be treated as a lien against the Policy. Once established, this lien will continue until the policy terminates or the lien is repaid. The lien will impact the policy as follows:

1. The policy Death Benefit will be reduced by the amount of the lien.
2. Interest will be added to the lien at the rate for policy loans in the policy.
3. The cash value available for surrender and loans will be reduced by the amount of the lien and accrued interest on the lien, but shall not be less than zero.

Premiums will continue to be payable as described in the policy.

Any accidental death benefit rider attached to the policy will be unaffected by the payment of an accelerated death benefit, provided the policy and the accidental death benefit rider remains in force.

Prepared for: [John Doe]
Date Prepared: [January 1, 2020]
Policy Number [1234567890]

ACCELERATED DEATH BENEFIT COMPARISON

POLICY STATUS BEFORE AND AFTER ELECTION:

ASSUMPTIONS:

1. Face Amount	[\$50,000.00]
2. Cash Value	[\$7,851.00]
3. Policy Loans and Liens (Policy Debt)	[\$0.00]
4. Acceleration Amount	[\$25,000.00]

POLICY STATUS BEFORE AND AFTER ELECTION:

	BEFORE	AFTER
Face Amount	[\$50,000.00]	[\$25,000.00]
Premium [monthly]	[\$57.70]	[\$57.70]
Cash Value	[\$7,851.00]	[\$0.00]
Policy Debt	[\$0.00]	[\$25,000.00]

ACKNOWLEDGMENT

I/We, the undersigned, hereby acknowledge that I/we have received and read the above Accelerated Death Benefit Payment Notice and the attached Accelerated Death Benefit Comparison.

Owner's Signature

Date

State:	Arkansas	Filing Company:	Reserve National Insurance Company
TOI/Sub-TOI:	L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life		
Product Name:	Whole Life Filing		
Project Name/Number:	RESERVE/62/62		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
AR RDB.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Authorization		
Comments:			
Attachment(s):			
Authorization.pdf			

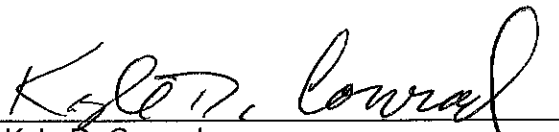
		Item Status:	Status Date:
Satisfied - Item:	Certificate of Compliance		
Comments:			
Attachment(s):			
AR COC.pdf			

**STATE OF ARKANSAS
READABILITY CERTIFICATION**

COMPANY NAME: Reserve National Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
WL-1	55.3
APP-LIFE-1 AR	41.4
AB-CI-1	41.4
AB-TI-1	45.7
TI-ADB-Disc	40.4
CI-ADB-Disc	40.3
ADB-Not	45.0



Kyle D. Conrad
Senior Vice President and Associate
Corporate Counsel

February 29, 2012

Date

February 29, 2012

To: The Insurance Commissioner

Authorization

This letter, or a copy thereof, will authorize the consulting firm of First Consulting & Administration, Inc., Kansas City, Missouri, to represent this Company in matters before the Insurance Department.

This Authorization shall be valid until revoked by us.

Reserve National Insurance Company

By: Kyle W. Conrad

Title: Senior Vice President and
Associate Corporate Counsel

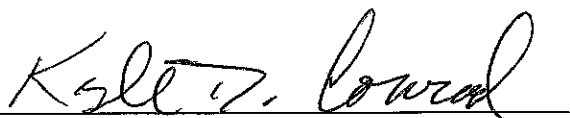
**STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE**

Company Name: Reserve National Insurance Company

Form Title(s): Individual Term Life Insurance Policy, Individual Life Application, Accelerated Benefit Rider (Chronic Illness), Accelerated Benefit Rider (Terminal Illness), Accelerated Benefit Terminal Illness Disclosure, Accelerated Benefit Chronic Illness Disclosure, Accelerated Benefit Payment Notice

Form Number(s): WL-1, APP-LIFE-1 AR, AB-CI-1, AB-TI-1, TI-ADB-Disc, CI-ADB-Disc, ADB-Not

I hereby certify that to the best of my knowledge and belief, the above form(s) and submission complies with Reg. 19, as well as the other laws and regulations of the State of Arkansas.



Kyle D. Conrad
Senior Vice President and Associate
Corporate Counsel

February 29, 2012
Date

State:	Arkansas	Filing Company:	Reserve National Insurance Company
TOI/Sub-TOI:	L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life		
Product Name:	Whole Life Filing		
Project Name/Number:	RESERVE/62/62		

Superceded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
03/06/2012	Form	Individual Life Application	07/27/2012	APP-LIFE-1 AR.pdf (Superceded)



Reserve National Insurance Company
[601 East Britton Road • Oklahoma City, OK 73114
1-800-654-9106 • www.reservenational.com]

For Home Office Use Only

POLICY NUMBER

EFFECTIVE DATE

Month

Day

Year

AGENT CODE

MGR. CODE

APPLICATION FOR INDIVIDUAL LIFE INSURANCE

PROPOSED INSURED'S NAME First Middle Last			EMAIL ADDRESS		
ADDRESS Street # / Rural Route City State Zip Code			SOCIAL SECURITY NUMBER		
AGE Last Birthday	DATE OF BIRTH Month/Day/Year	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	PHONE NUMBER With area code Home: _____ Other: _____		
PLACE OF BIRTH City, State		OCCUPATION AND DUTIES			
PRIMARY BENEFICIARY (full name and address)			Relationship to Proposed Insured		
CONTINGENT BENEFICIARY (full name and address)			Relationship to Proposed Insured		
OWNER'S NAME (if other than Proposed Insured)			Relationship to Proposed Insured		
OWNER'S ADDRESS Street # / Rural Route City State Zip Code					
INSURANCE APPLIED FOR: <input type="checkbox"/> Whole Life Policy Amount of Insurance \$ _____ <input type="checkbox"/> Term Life Policy Amount of Insurance \$ _____ <input type="checkbox"/> Accelerated Benefit Rider- Terminal Illness <input type="checkbox"/> Accelerated Benefit Rider – Chronic Illness <input type="checkbox"/> Short Term Care Rider Daily Benefit \$ _____					
PREMIUM INFORMATION Initial Premium Paid \$ _____ <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Bank Draft Automatic Premium Loan (if available) <input type="checkbox"/> Yes <input type="checkbox"/> No			BILLING INFORMATION Premiums Payable <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Monthly Bank Draft		
REPLACEMENT OF INSURANCE Does the Proposed Insured have any existing life insurance or annuity contracts in force or pending? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please list name and address of insurer(s), policy number(s) and amount of coverage: _____ _____ _____					
Is the policy applied for intended to replace, modify or change any life insurance or annuity contract in this or any other company? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," indicate policy and company above.					

HEALTH QUESTIONS

1. Height _____ ft _____ in Weight _____ lb
2. In the past 2 years, has the Proposed Insured been diagnosed with, treated, tested positive or been given medical advice by a member of the medical profession for:
- a. Alzheimer's disease, dementia or memory loss? ☐ Yes ☐ No
 - b. Amyotrophic Lateral Sclerosis (ALS), Multiple Sclerosis, Muscular Dystrophy, Parkinson's disease or myasthenia gravis? ☐ Yes ☐ No
 - c. Psychosis or Schizophrenia? ☐ Yes ☐ No
 - d. Diabetes with complications such as retinopathy (eye disease) or neuropathy (numbness/tingling in hands or feet)? ☐ Yes ☐ No
 - e. Internal cancer, leukemia, lymphoma or melanoma? ☐ Yes ☐ No
 - f. Osteoporosis with related fracture(s)? ☐ Yes ☐ No
 - g. Systemic lupus, kidney failure, cirrhosis of the liver or hydrocephalus? ☐ Yes ☐ No
 - h. Stroke or cerebrovascular accident (CVA), TIA, congestive heart failure, atrial fibrillation, peripheral vascular disease or cardiomyopathy? ☐ Yes ☐ No
 - i. Amputation due to disease? ☐ Yes ☐ No
3. Has the Proposed Insured been diagnosed by a member of the medical profession as having Acquired Immune Deficiency Syndrome (AIDS) or tested positive for Human Immunodeficiency Virus (AIDS Virus)? ☐ Yes ☐ No
4. Has the Proposed Insured been diagnosed with a terminal illness which is expected to end his/her life within the next 12 months? ☐ Yes ☐ No
5. In the past 2 years:
- a. Has a medical professional scheduled or advised the Proposed Insured to have surgery requiring anesthesia, or undergo testing and the Proposed Insured has not done so? ☐ Yes ☐ No
 - b. Has the Proposed Insured resided or been advised by a medical professional to reside in a Nursing Home or Assisted Living Facility? ☐ Yes ☐ No
 - c. Has the Proposed Insured received or been advised by a medical professional to receive Home Health Care or Adult Day Care services? ☐ Yes ☐ No
 - d. Has the Proposed Insured had any balance disorder or difficulty walking? ☐ Yes ☐ No

Answer the following questions only if applying for the Short Term Care Rider

6. Does the Proposed Insured require supervision or assistance with activities of daily living such as walking, eating, bathing, dressing, toileting, moving into or out of a bed or chair or taking medication? ☐ Yes ☐ No
7. Does the Proposed Insured use a walker, wheelchair, quad cane, motorized personal transport, chair lift or oxygen? ☐ Yes ☐ No
8. Has the Proposed Insured ever had an organ transplant (other than corneal) or a defibrillator implanted? ☐ Yes ☐ No

DETAILS: If you answered "Yes" to any of the questions 2-8 above, please provide details below (including question number, nature of condition, medications, name of medical facility or physician treating the condition and date of last treatment).

AGREEMENT

I agree that: (1) I have read this application and any supplemental application, including all statements and answers that pertain to me, and confirm that all such statements and answers are true to the best of my knowledge and belief; (2) the statements and answers in this application are the basis for any policy issued by Reserve National Insurance Company ("the Company"), and that no information about me will be considered to have been given to the Company unless it is stated in this application or a supplemental application; (3) a sales representative does not have the Company's authorization to accept risk, pass on insurability, or make, void, waive or change any conditions or provisions of this application or any policy; and (4) the insurance applied for in this application shall not be considered in force and the Company shall not have any liability until a policy is issued by the Company and accepted by the owner and the first premium is paid in full while the Proposed Insured is alive.

AUTHORIZATION

I hereby authorize any physician, clinic, hospital, health care provider, insurance company, pharmacy, pharmacy benefit manager, MIB, Inc. or other person, organization or institution that has any medical records or medical information regarding me, to release my personal health information* to the Company, or its reinsurers, to determine my eligibility for life insurance. I authorize the Company, or its reinsurers, to make a brief report of my personal health information to MIB. This information may be subject to further disclosure as required by law and may no longer be protected by the rules governing this authorization. I may revoke this authorization at any time by notifying the Company in writing, at the address on the business reply card, except to the extent that the Company has collected information or taken action in reliance on it. Revocation may be a basis for denying benefits. Failure to sign an authorization may impair the ability of a regulated insurer to evaluate claims or process applications and may be a basis for denying an application or claim for benefits. This authorization may be used for 24 months from the date signed below unless revoked. This authorization must be signed and dated as a condition of obtaining this insurance. I or my authorized representative will receive a copy of this authorization.

***WISCONSIN RESIDENTS:** Information about AIDS or HIV status is limited to apposite diagnosis made by a member of the medical profession. HIV test results received at an anonymous counseling and testing site or results from a home test kit are not subject to disclosure.

SIGNATURES

Select one:

☐ Send Policy to Insured ☐ Send Policy to Owner ☐ Agent to Deliver

I hereby acknowledge receipt of the IMPORTANT NOTICE to applicant for insurance.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

I have paid to Reserve National Insurance Company the sum of \$_____ which is a ☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual premium, and I hold a receipt for that amount made up without alteration bearing the same date as this application and consent to the terms of such receipt.

City and State where signed _____ this ____ day of _____, _____.

Signature of Owner

Signature of Proposed Insured

AGENT SECTION

To the best of my knowledge and belief the Proposed Insured ☐ does ☐ does not have existing life insurance or annuity contracts in force. The applied for coverage ☐ is ☐ is not intended to replace existing life insurance or annuity contracts.

The undersigned agent (a) represents Reserve National Insurance Company in connection with the insurance applied for; (b) will receive compensation from the Company if coverage is issued; and (c) may provide services to policyholders on behalf of the Company, subject to the Company's approval. The agent does not have authority to bind the Company.

I certify that I asked each question of the applicant personally and the answers have been accurately recorded hereon.

Signature Of Agent

Agent's Printed Name

FOR HOME OFFICE USE